

CWMAMMAN  
Urban District Council

Medical Officer of Health's

REPORT

For 1937

Printed by the Cwmaman Urban District Council  
at the Cwmaman Press, Cwmaman, Glamorgan



CWMAMMAN URBAN DISTRICT COUNCIL.

# MEDICAL OFFICER OF HEALTH'S REPORT FOR 1937

GLANAMMAN,

June, 1938.

To the Chairman and Members of the Cwmamman Urban District Council.

Mr. Chairman,

I have the honour to submit to you the Annual Report for the year ending December 31st, 1937.

## SECTION A.—STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area in Acres .....	756
Registrar-General's estimate of Resident Population (middle 1937) .....	4,962
Number of Inhabitated Houses (end of 1937) according to Rate Books .....	1,224
Sum represented by a 1d. Rate .....	£31/13/3
Rateable Value .....	£11,525

## VITAL STATISTICS.

	Male	Female	Total
Live Births—Legitimate .....	30	31	61
Illegitimate .....	2	2	4
		Total	65
Birth Rate (per 1000 of Estimated Resident Population)—	13.1		

	Male	Female	Total
Still Births .....	2	2	4
Rate per 1,000 (Live and Still) Births:—	57.9		

	Male	Female	Total
Deaths .....	27	22	49
Death Rate per 1,000 of the Estimated Resident Population—	9.9		

**Deaths from Puerperal Causes:**

	Deaths.	Rate per 1,000 Total (Live & Still) Births
From Puerperal Sepsis .....	nil	nil
From other Puerperal Causes .....	nil	nil
Total .....	nil	nil

**Death Rate of Infants under one year of age** ..... 3

All Infants per 1,000 Live Births ..... 46

Legitimate Infants, per 1,000 Legitimate Live Births ..... 46

Illegitimate Infants, per 1,000 Illegitimate Births ..... nil

Deaths from Cancer (all ages) ..... 5

Deaths from Measles (all ages) ..... nil

Deaths from Whooping Cough (all ages) ..... nil

Deaths from Diarrhoea (under 2 years of age) ..... 1

The Birth Rate (13.1) shows a decided improvement over last year (11.1), but is still lower than that for England and Wales (14.9).

The Death Rate (9.9) is much lower than that of last year, and compares very favourably with that for England and Wales (12.4).

The number of Deaths from Tuberculosis (8) is a great increase on previous years (5).

The Maternal Mortality Rate from causes arising at or in consequence of Childbirth was nil.

The general health of the Area during the year was fairly good. We had a mild Influenza Epidemic during January and February, and a mild epidemic of Chicken-pox during the year. There were six cases of Scarlet Fever, and no cases of Diphtheria.

The population of the area is still decreasing rapidly, and has fallen by 162 since last year, due mainly to the migration of unemployed residents to more prosperous areas.

### **THE SOCIAL CONDITIONS OF THE AREA.**

The Unemployment Problem is still very serious in the area, there being on an average 600 men unemployed. The Collieries have worked very regularly during the last year, but there are still a great number of miners unemployed.

The greater number of the Unemployed are those who

worked in the local Tinsplate Works, they have now been idle for eight years; it was thought last year that the Tinsplate Works would be re-opened in the near future; deputations have been sent to try and prevail on the owners to re-open the works, but with no result.

The Raven Colliery, which has been idle for two years, has now been dismantled. There are no schemes of work being undertaken by the local Council. This is due to the financial position of the Council.

The number of cases of Silicosis in the area still maintains a high level. Seven cases of Silicosis were certified by the Silicosis Board during the year, all these cases were from the same Colliery.

Miners are now more willing to give up work when they have contracted the earlier stage of Silicosis when they only get partial compensation, and are allowed unemployment benefit.

May I again stress the inadequacy of compensation paid --which depends on the earnings of the miner during the previous year. If the Colliery has been idle a great deal during the year, the compensation paid is correspondingly lower.

The compensation paid is admittedly a crushing burden on the Colliery Companies, but to the sufferer who has contracted this dreaded disease, usually after working a lifetime underground in a dust-laden atmosphere, the burden is much heavier, and then having to exist in bad health and supporting his family on a meagre pittance of between 20/- and 30/- a week, making it impossible for him to have the extra nourishment which his condition demands.

The only solution to the problem would be to subsidise these stricken mines, by State-aided or some other scheme, so that their compensation would be made adequate, as the increasing amount of compensation paid every year will in the end make the Collieries in the Anthracite area uneconomic to work.

The Government has set up a Commission to investigate thoroughly the problem of Silicosis. Its activities have been centred in the Anthracite area, where the great bulk of Silicosis cases occur. All the employees of the Colliery chosen have been thoroughly examined by Medical Specialists and Scientists. Mining Experts are analysing the conditions of places where miners work, such as dust due to conveyors, shot-firing

and the Silica content of this dust. Also the effect of dust on the lungs of Guinea-pigs, who live in those conditions, etc. It is to be hoped that when the result of this exhaustive inquiry into the problem of Silicosis is published, we shall be much nearer to finding a solution to this problem, and the preventative measures to be enforced to diminish Silicosis.

One thing is certain, that Silica and its compounds cause Silicosis, but there are other factors which influence its incidence. There is a personal factor present. Some miners will show very little trace of it, while others working in exactly similar conditions will develop Silicosis in a few years. This may be due to mouth-breathing and impaired defensive action of the lungs, such as lymphatic drainage and production of sputum.

The Fibrosing action of Silica (sioa) on the lungs leads to the blockage of the lymphatics draining the lungs, and the accumulation of Silica coal and other mine dusts in the air spaces of the lungs.

The greatest incidence of Silicosis occurs in those who are employed in drilling and blasting through Silica rock, also the number of cases of Silicosis rises in those miners who work in disturbed ground.

Pre-existing Bronchitis, and nitrous fumes from explosives which are lung irritants are also thought to influence the onset of Silicosis.

Frequent X-ray examinations and removal of those in the earlier stages of Silicosis from underground work, would greatly reduce the toll of this dreaded disease, but alternative outdoor occupation must be found for them to make this plan practicable.

The type of Silicosis occurring in the Collieries of the area is fortunately not so fatal as that in Collieries a few miles away. Very few deaths have occurred, although many have been on full compensation for several years.

## **GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.**

The Department Staff consists of the Clerk, Sanitary Inspector and the Medical Officer of Health. The Sanitary Inspector holds the Diploma of the Sanitary Institute.



**Laboratory Facilities.**—The Council have no scheme for the Bacteriological examination of specimens; these are undertaken by the Practitioner concerned; specimens being sent to the Beck Laboratory, Swansea.

**Ambulance** facilities are adequate and well co-ordinated.

**Nursing** in the Home is carried out by two qualified District Nurses, both having their S.R.N. and C.M.B. certificates, and are employed by the Cwmamman Nursing Association and the County Authority. Both Nurses carry out their duties in a most satisfactory manner.

**The Infant Welfare Centre**, under the Carmarthenshire County Council, continues to do excellent work in instructing mothers in the welfare and progress of infants.

No Anti-Natal Clinics exist in the area.

**Maternity.**—All cases are now attended by qualified Nurses, who are employed by the County Authority. Difficult cases are admitted by arrangement to Carmarthen Infirmary.

**Home for Mental Defectives.**—At Pantglas there is accommodation for Mental Defective Children. This is administered by the Joint Counties Board.

**The School Medical Service** in addition to the general supervision of the Health of the School Children, provides Specialist service for the treatment of Throat, Eye, Dental and Orthopaedic affections.

**Tuberculosis** is dealt with by a Tuberculosis Dispensary at 24 Quay Street, Ammanford, which is held every Tuesday from 10-30 a.m.—12-30 p.m., and provision is made for facilities for early diagnosis such as X-ray examinations; bacteriological examination of sputum and pus; examination of contact cases; and Sanatorium treatment of early cases of Tuberculosis.

Patients too ill to attend the Clinic can be seen at their homes.

Reports of cases are sent to the Medical Officer of Health and to the County Medical Officer of Health.

**Health Visiting.**—Nurse Roberts is the whole-time Health Visitor and School Nurse, and attends at the Welfare Centre. She is engaged by the County Council.

**Venereal Disease.**—Free Treatment is provided at Swansea Hospital, where the most modern treatment can be obtained.

**Maternity and Nursing Homes.**—Nil.

**Hospital Provision.**—Amman Valley Hospital and Swansea Hospital.

The Amman Valley Hospital has now been open for two years, and is now a firmly established institution. The Hospital has 19 beds and five cots.

During 1937, 500 operations were performed, and there were 3,312 visits at the out-patients. All the operations were performed by Specialists.

Cases taken into the Hospital consist of General, Surgical, Gynaecological, Maternity Cases (Caesarian section only), Ear, Nose and Throat, Ophthalmic and Medical Cases.

School children are admitted under the County Council for operation for Tonsils and Adenoids.

The progress of the Hospital during the last two years has been most gratifying, the standard of the Nursing has been excellent, and all the Patients have high praise for the treatment they have received there.

The number of Contributors to the Hospital is rapidly increasing, but there are still some Collieries who have not joined the Scheme. Due to the number of unemployed people in the Valley, the contributions to the Hospital are much lower than they might be.

The waiting list for admission to the Hospital is increasing. Plans have been made for extensions, which will be carried out when the financial position of the Hospital becomes stronger.

A Maternity Hospital is badly needed in the area, as the present arrangement for Hospital provision for Maternity Cases is unsatisfactory. A Maternity wing attached to the Hospital would be a great boon.

The continued interest and generosity of Mrs. Folland and family, who were the donors of the Hospital, is greatly appreciated by all.

## **SANITARY CIRCUMSTANCES OF THE AREA.**

The Water Supply of the area still remains very poor, especially during the Summer months, when the water has to



be rationed, the water mains being turned off from 4-0 p.m. to 6 o'clock the following morning.

The Council has decided to carry out an augmentation scheme. The source of supply for this scheme being from the Pedol River, and it was intended to provide a Filtration Plant, together with an additional Service Reservoir. This scheme has been approved by the Ministry, but the loan sanction has been held up, due to financial stringency of the District.

**Rivers and Streams.**—The pollution of the rivers and streams caused chiefly by coal dust and household refuse being thrown into the streams, has improved a little during the last year, but still leaves room for improvement. The Council has erected notices prohibiting the throwing of refuse into streams, as glass bottles and tins in the river are a great source of danger to children who still insist on bathing in the river during the hot summer months.

**Drainage and Sewerage.**—The whole of the Area has been satisfactorily sewered and is in working order. The sewers discharge at eleven points into the group sewer laid down by the Amman Valley Joint Board, and the effluent is taken down to the Board's Sewage Disposal Works at Pantyffynnon.

The house connections have all been carried out as far as the private boundaries, and drainage has been efficiently carried out under the supervision of the Sanitary Inspector.

**Closet Accommodation.**—Gradual conversions are taking place from private to water closets, and this work is still being carried out by the various property owners in their arrangements to connect up the drainage of properties to the public sewer.

The progress of this work, however, is not so rapid as might be desirable, owing to the financial stringency in the area brought about by the acute and continuous trade depression. Notices have been served on the instructions of the Council, on the various owners, and the Sanitary Inspector is dealing in as considerate a manner as possible with those whose circumstances are known to be rather precarious. The total number connected up to date being 810, the estimated number still to be connected is 270.

The water supply in some parts of the area is too poor to expect them to connect up to the main sewers.

**Public Cleansing.**—Scavenging is being carried out fairly efficiently by contract, a bi-weekly removal of household refuse being effected throughout the Urban Area.

The refuse dumps are in a fairly satisfactory order.

**Sanitary Inspection of the Area.**—The Area has been periodically inspected by the Sanitary Inspector in conjunction with his inspection and testing of new drains.

- (a) Number of inspections made being 38.
- (b) Informal Notices only served by him—8.
- (c) Notices in each case being complied with.

**Dust and Smoke Nuisance.**—Dust from the Collieries still gives ground for complaint from the inhabitants living near the Collieries. There is no smoke nuisance.

**Swimming Baths and Pools.**—None exist.

**Eradication of Bed Bugs.**—No action called for.

**Premises and Occupations.**—There are no such premises and occupations requiring the attention indicated within the district.

**Other Sanitary Conditions requiring Notice.**—There is adequate provision within the district; there being no Public Cemetery, but Graveyards attached to denominational Churches are, so far, reasonably adequate.

**Schools.**—There are four Schools in the Area, all in very good state, with good water supply, and all effectively drained and connected up to the Council's sewer.

The Elementary School children are provided with milk daily; children of the unemployed are provided with free milk, while other children are supplied at reduced rates.

It has not been necessary to close the Schools due to any epidemic during the year, as suggested in the Memorandum on Closure and Exclusion from School, 1927, the power to exclude individual children and contacts is used to the best advantage.

**Recreation Fields.**—As suggested in previous Reports, a Playing Field for the Area is sadly needed. Other Areas are able to provide Playing Fields in each Ward, while not one exists for the whole of Glanamman and Garnant.

Two children were killed during the year, due to motoring accidents on the roads. It would not be too much if a small contribution were paid by the Miners weekly, towards a Welfare Scheme to provide Playing Fields for children, and Tennis and Bowls Courts for the adults. We would then have the satisfaction of knowing that the children of the Area would be safe at play.

## HOUSING.

### 1.—Inspection of Dwelling Houses during the Year:—

A general survey has been made of the Housing Conditions within the District, as follows:—

--(a)	Total number of Dwelling Houses inspected for housing defects (under Public Health or Housing Acts) .....	19
(b)	Number of inspections made for the purpose and recorded .....	19
2—(a)	Number of Dwelling Houses which were inspected and recorded under the Housing Consolidated Regulations, 1925 (included under sub-head 1 above) .....	8
(b)	Number of inspections made for the purpose .....	2
3—	Number of Dwelling Houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .....	nil
4—	Number of Dwelling Houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation .....	2

### 2.—Remedy of Defects during the year without service of Formal Notices:—

Number of Defective Dwelling Houses rendered fit in consequence of informal action by the Local Authority or their Officers .....	3
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### 3.—Action under Statutory Powers during the Year:—

(a)	Proceeding under Section 9, 10 and 16 of the Housing Act, 1936:	
(1)	Number of Dwelling Houses in respect of which Notices were served requiring defects to be remedied .....	nil

(2) Number of Dwelling Houses which were rendered fit after service of Formal Notices:

(a) By Owners ..... nil

(b) By Local Authority in default of Owners nil

(b) Proceedings under Public Health Acts:

(1) Number of Dwelling Houses in respect of which Notices were served requiring defects to be remedied ..... nil

(2) Number of Dwelling Houses in which defects were remedied after service of Formal Notice:

(a) By Owners ..... nil

(b) By Local Authority in default of Owners nil

(c) Proceedings under Section 11 and 13 of the Housing Act, 1936:

(1) Number of Dwelling Houses in respect of which Demolition Orders were made ..... nil

(2) Number of Dwelling Houses demolished in pursuance of Demolition Orders ..... nil

(d) Proceedings under Section 12 of the Housing Act, 1936:

(1) Number of separate Tenements or Underground Rooms in respect of which Closing Orders were made ..... nil

(2) Number of separate Tenements or Underground Rooms in respect of which Closing Orders were determined, the tenement or room having being rendered fit ..... nil

#### 4.—Housing Act, 1936. Part IV.—Overcrowding:

(a) Number of Dwellings overcrowded at the end of the Year ..... 2

(b) Number of new cases of overcrowding reported during the year ..... nil

(c) Particulars of any cases in which Dwelling Houses have again become overcrowded, after the Local Authority have taken steps for the abatement of overcrowding ..... nil

Although the population of the area is decreasing, there are still no empty houses; in fact extra houses are needed to provide for cases of overcrowding; those houses found not in all respects reasonably fit for human habitation; also in cases of Basement dwellings which are devoid of sunlight.

## INSPECTION AND SUPERVISION OF FOOD.

(a) **Milk Supply.**—The Milk Vendors in the district are all registered. Monthly samples are taken of Grade A. milk; only one such grading exists in the district. Other samples are periodically taken and reported upon for cleanliness, water content and percentage of fat, by the County Inspector, under the Sale of Food and Drugs Acts. Cowsheds and Dairies are kept in a fairly good state of cleanliness.

(b) **Meat.**—There are four Slaughter-houses in the district, which are kept in a clean state and well ventilated.

Retail Shops are inspected and adequate precautions are taken to protect meat exposed for sale. The Shops are kept scrupulously clean, and most of them are fitted with refrigerators.

(c) **Adulteration, etc.**—No action taken during the year except by the County Authority's inspection.

(d) **Chemical and Bacteriological Examination of Food** is under the supervision of the County.

(e) **Nutrition.**—Dessemination of knowledge—nil.

## PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

There is no Isolation Hospital within the Area. All Notifiable Cases of Infectious Disease are taken to the County Isolation Hospital at Tumble.

All Houses where cases of Infectious Diseases have occurred are regularly disinfected by the Sanitary Inspector.

The District was comparatively free of Infectious Disease during the year, only six cases of Scarlet Fever occurred, and no cases of Diphtheria nor Puerperal Pyrexia.



Mattresses of the beds of patients dying of Tuberculosis, are burned. The Council partly compensates for the cost of a new mattress.

All school children with a few exceptions have now been immunized against Diphtheria. T.A.F. injections were used, each child receiving three injections. Thirty-seven children were not immunized, due to the refusal of the parents to give their consent. The cost of the immunization was borne by the Local Authority.

There was very poor response to the offer of the County Authority to immunize infants at the Child Welfare Centre.

The Workshops in the Area are well kept, and no complaints were received, and there is no overcrowding.

The various Tables in the Appendix give the Vital Statistics, Incidence of Infectious Diseases, and Causes and Ages of Deaths during 1937.

In conclusion, I take this opportunity of thanking the Clerk, the Members of the Council, and the Council Staff for their kindness and help.

I remain, Gentlemen,

Your obedient Servant,

JOHN DAVIES, M.R.C.S. (Eng.), L.R.C.P. (Lond.),  
Medical Officer of Health.

June, 1938.

## FACTORIES, WORKSHOPS AND WORKPLACES.

Written  
Inspections. Notices. Prosecution.

Factories (including Factory Laundries), none existing.

Workshops	„	Workshop	„	3	Nil	Nil
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Workplaces, other than Outworkers'

Premises	.....	.....	.....	.....	Nil	Nil	Nil
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Defects found in Factories, etc.	.....	.....	.....	.....	Nil
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# TUBERCULOSIS.

New Cases and Mortality during 1937.

Age Periods	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0 to								
1				1				
5								
15		1	1	1				
25	1		1		1	1	1	
35	2	1				1		
45						2		
55	1	1			1	1		
65 and Upwards								
Totals...	4	3	2	2	2	5	1	0

## CAUSES OF AND AGES AT DEATHS DURING 1937.

CAUSES OF DEATH	DEATHS AT THE SUBJOINED AGES OF RESIDENTS, WHETHER OCCURRING IN OR BEYOND THE DISTRICT								
	All ages	Under 2 years	2—5 years	5—15 years	15—25 years	25—45 years	45—55 years	55—65 years	65 and upwards
Other Liver Diseases ...	1					1			
Acute and Chronic Nephritis	4							1	3
Prematurity ...	1	1							
Senility ...	1								1
Other Violence ...	4		1	1	1		1		
Other Defined Diseases ...	5					1		2	2
Diabetes ...	2						1		1
Cerebral Hæmorrhage ...	3							3	
Heart Disease ...	9			1		1		2	5
Other Circulatory Disorders	1								1
Pneumonia ...	2	1				1			
Other Respiratory Disorders	1							1	
Diarrhœa (under 2) ...	1	1							
Influenza ...	1						1		
Tuberculosis (Respiratory)	7				2	3	2		
Other Tuberculosis ...	1				1				
Cancer ...	5						1	2	2
Totals ...	49	3	1	2	4	7	6	11	15

# VITAL STATISTICS OF DISTRICT DURING 1937.

Period	Estimated Resident Population	LIVE BIRTHS			TOTAL DEATHS REGISTERED IN THE DISTRICT		TRANSFERABLE DEATHS		NETT DEATHS BELONGING TO THE DISTRICT			
		Uncor-rected Number	Nett		Number	Rate	Non-Residents Register'd in the Area	Residents not Register'd in the Area	Under 1 year of age		At all Ages	
			Number	Rate					Number	Rate per 1,000 Nett Births	Number	Rate
1937	4,962	56	65	13'1	42	8'5	3	10	3	46	49	9'9

**NOTIFIABLE DISEASES (other than Tuberculosis)  
DURING 1937.**

Disease	Total Cases Notified	Cases admitted to Hospital	Total Deaths
Small Pox ...			
Scarlet Fever ...	6	3	0
Diphtheria ...			
Enteric ...			
Pneumonia ...	5	0	2
Puerperal Fever ...			
Puerperal Pyrexia ...			
Erysipelas ...			

**INFANT MORTALITY.**

**Deaths from stated causes at various Ages under 1 Year.**

CAUSE OF DEATH	Under 1 week	2-3 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total Deaths under 1 year
Prematurity ...	1						1
Broncho Pneumonia ...			1				1
Catarrhal Enteritis ...				1			1
	1		1	1			3





